

**BEST AVAILABLE COPY**  
ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	M	71534	10-7-99
<b>O.I.P.E. CLASSIFIER</b>			10/13/99
<b>FORMALITY REVIEW</b>	EAD	60185	10/21/99 12/30/99

**INDEX OF CLAIMS**

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
—	(Through numeral) Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
1	
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
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13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here